## Request to Redact Personal Information

For Office Use Only	
Date Redacted	
Signature of Employee Redacting	
<u> </u>	

Date:		Signature of Employee Redacting
Name;	A	
Address:		
Telephone:		
circle: Social S	ecurity #, Driver's license nun	County redact the personal information (please nber or state identification card #, Financial institution account number ed in said registry in Book
I am authorized	I to make this request because:	
	It is my personal information	
	I am the duly authorized attor	rney for the person
	Other;	
		Signature
		Printed Name
State of Maine	County ss:	
On thisday acknowledged (	of, 20, pers	sonally appeared the above named and of his/her free act and deed.
		Before me,
		Notary Public/Attorney at Law
		My Commission Expires:
		<u>Disclaimer</u>
from the docu makes no guar	ment you have indicated above fro rantee concerning the accuracy or	s will comply with your request to remove or obscure personal information om our registry's website. The County Registry of Deeds reliability of the content of our website and shall not be liable for errors ion with the use of the information contained therein

Revised 4/30/08